

New Behavioral Health Initiatives at DBHDS

Funded by the 2013 General Assembly

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FY 2014 Behavioral Health New Initiatives and Part C

	General Fund (Biennial)	Nongeneral Fund (Biennial)	All Funding (Biennial)
Part C Funding	\$8.3		\$8.3
Discharge Assistance Planning	\$1.5		\$1.5
Therapeutic Drop-off Centers	\$0.9		\$0.9
Mental Health First Aid	\$0.6		\$0.6
Suicide Prevention	\$0.5		\$0.5
TOTAL	\$18.7		\$18.7

Part C Overview

- Part C mandates services to children birth - age-3 with developmental delays or physical or mental conditions likely to result in developmental delay
- Children served have increased over 50% since 2007 but federal and state funding remained flat
- In FY 2013, 26 of the 40 local systems experienced budget shortfalls
- 8 systems reduced or stopped services and were out of compliance with federal Part C regulations

Part C

Initial Outcomes

\$8,300,000

- \$2.25M (FY 2013) in additional funds distributed to 26 local systems that had FY13 funding shortfalls.
- \$6M (FY 2014) allocated to each local system according to formula.
- Local systems have resumed child find efforts and local systems that had cut services in FY2013 report that they are now serving all eligible children.
- Since April 2013, the number of children enrolled as of the first day of each month has been higher than in any previous year.

Discharge Assistance Program (DAP) Overview

- DAP facilitates discharge of clinically-ready individuals from state hospitals who have unusual challenges impeding the transition, tying up beds for those in acute need.
- Services include housing arrangements suitable to their needs (nursing home, group residence, rental supports), clinical services and other supports as needed.

DAP By the Numbers

DAP has served over 750 persons since it started

The total budget in 2012 was \$18 million in state general funds for DAP; some regions and CSBs augment these funds

The average DAP plan was approximately \$27,000 up to 2012

Until the GA appropriated \$1.5 million in 2013 there had been no new DAP funds since 2007

Discharge Assistance Program Initial Outcomes

\$1,500,000 Ongoing

- The new DAP funding was made available to persons with the most severe needs- EBL
- Due to their needs and length of stay DBHDS estimated that the new DAP funding of \$1.5 million might allow 30 or more persons to be discharged into safe and adequate supports
- CSBs, regions, and hospitals were challenged to develop special DAP plans that would achieve discharge by December 31
- Plans were reviewed by DBHDS and a team made up CSB, regional, and hospital DAP experts.

Discharge Assistance Program Initial Outcomes

- 37 plans approved by the end of August, on schedule; a few more are anticipated
- Discharges began immediately. Most are occurring in October-November, as service arrangements are made and provider agreements completed.
- As quickly as start up occurred, a limited amount of one-time funds will be available for discharge assistance and for diversion of admissions to state hospitals through Local Inpatient Purchase of Services (LIPOS).

Mental Health Workgroup Recommendations

- Suicide Prevention Program
- Mental Health First Aid Program
- CIT Law Enforcement Assessment Centers
- CSB Child/Adolescent Outpatient Services
- CSB Adult Outpatient Services
- Temporary Detention Order Extension

CIT Law Enforcement Assessment Centers Overview

2012 funding started up three centers in July-August 2012:

- 1. Henrico:** Opened late 2012; 12 hours/day. Collaboration with Henrico Parham Doctors' Hospital. Dec. - June, 2013: 372 assessments at the site. 40% referred to voluntary treatment in the community or voluntary hospitalization; 10% or greater reduction in arrest since the site opened.
- 2. New River Valley:** Opened early 2013; 10 hours/day. Partnership with Montgomery Regional HCA Hospital. Served 49 persons.
- 3. Chesapeake-Portsmouth:** Opened March 2013; 10 hours/day. Partnership with Maryview, BonSecours, Portsmouth. Served 34 persons March-June.

CIT Law Enforcement Assessment Centers Initial Outcomes

\$900,000 Ongoing

Funding allowed continued support of the first three centers and start up of three new centers beginning in July-August 2013:

1. **Chesterfield-Richmond:** Opened October 1. Crisis Triage Center. Open 10 hours per day.
2. **Arlington:** Opened September 2. Virginia Hospital Center. Open 24/7. 30 persons served as of October 7.
3. **Martinsville:** Opened September 30. Piedmont CIT Assessment Site. 10 hours per day/4 days per week.

All are operational and receiving persons on detention for evaluation and referral to treatment.

Mental Health First Aid (MHFA) Overview

- MHFA is an 8-hour training of key skills to help someone who is developing a mental health problem or experiencing a mental health crisis for:

Educators/School Administrators	Human Resources Professionals
Police/First Responders/Security Personnel	Nurses/Physician Assistants/Primary Care Workers
Individuals Receiving Services/Family Members	Members of Faith Communities
Policymakers	Substance Abuse Professionals
Homeless Shelter Workers	Citizens

Mental Health First Aid (MHFA) Initial Outcomes

\$600,000 Ongoing

- DBHDS will partner with CSBs, DOE, DCJS, Veterans Services, existing MHFA instructors, etc.
- Contracting with National Council on Behavioral Healthcare – evidence based, research tested, quality control
- Provide Instructors Training for >120 persons (five-day intensive with role play)
- Instructors each then provide at least three 8-hour MHFA trainings per year (hopefully more)
- Train 5,000 Virginians annually, provide materials
- **5 FTE Coordinators hired** (position shared with Suicide Prevention)

Mental Health First Aid (MHFA) Initial Outcomes

Trainings Now Scheduled

- October 7-11, Charlottesville (31 Instructors trained)
- January 13-17 (Regions 1 and 2)
- February 24-28 (Region 5)
- March 24-28 (Region 4)
- April 7-11 (Region 3)
- Other sessions to be established based on need and interest for special populations – CJS, children, etc.

Suicide Prevention Program Overview

- Office of the Chief Medical Examiner reports Virginia's number of suicides and the suicide rate have continued to increase steadily, now the highest in 13 years.
- Virginia's existing cross-agency suicide prevention effort (with DBHDS, VDH, DVS, DARS, DOE, CSBs and others) offers a strong foundation but was entirely federally funded and needed state funds to expand.

Suicide Prevention Program Initial Outcomes

\$500,000 Ongoing

- Program Expand training across Virginia, train new trainers in **Applied Suicide Intervention Skills Training (ASIST)** New funds will be used to contract with provider, Living Works, Inc
- Held conference *Because Life Matters: Preventing Suicide through Identification and Treatment* Conference, Virginia Beach, VA, (September 12, 2013)
- DBHDS will present a program on Suicide Prevention and Opioid Addiction and Recovery to the Virginia Medical Assisted Rehabilitation Programs Conference in mid-October, 2013.
- Hired .5 FTE Suicide Prevention Coordinator

Suicide Prevention Program Initial Outcomes

The Interagency Suicide Prevention Committee to date has:

- Conducted needs assessment for suicide prevention in all 40 CSB areas (2010, will update)
- Convened 7 regional meetings on suicide spring 2013 (will continue and expand)
- Comprehensive state plan for preventing suicide (complete by December 2013)